

**FLORIDA ATLANTIC UNIVERSITY
ALCOHOL PROGRAM REGISTRATION FORM**

UNIVERSITY DEPARTMENT/DIVISION SPONSORED EVENTS

Must be returned 15 days before the event for approval.

Date: _____

Department/Division: _____

Representative: _____

Telephone: _____ **Email:** _____

Brief Description of Event: _____

Proposed Day, Date & Time of Event: _____

Location of Event Requested: _____

Estimated Attendance: Persons: (Over 21) = _____ + (Under 21) = _____ =
Total Persons _____

Events over fifteen (15) persons must contact Food Service

Have you contacted Food Service? _____ **YES** _____ **NO**

ALCOHOLIC BEVERAGES BEING SERVED:

_____ **Beer** _____ **Wine** _____ **Other -** _____

I understand that my division/department is responsible for abiding by University Regulations and all applicable State Law concerning the consumption and service of alcoholic beverages.

Signature of Division/Department Representative Office or Title Date

Reviewed by Facility Manager or Designee Date

Approved by Vice President for Finance or Vice President for Student Affairs (or Campus Vice President):

Date

Bldg and Room Reserved

Routing: Student Affairs _____ Police _____ Other _____